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PTO/SB/21 (09-04)

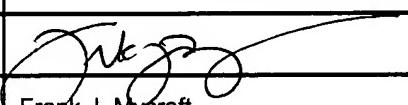
## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission	21	Attorney Docket Number	018781-002730US
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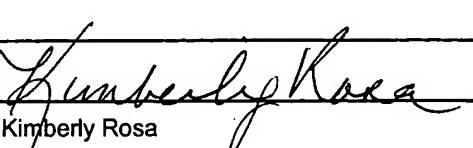
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> After Allowance Communication to TC	
<input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<div style="border: 1px solid black; padding: 2px; float: left; margin-right: 5px;">Remarks</div> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			

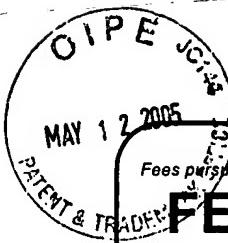
### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Frank J. Mycroft		
Date	May 9, 2005	Reg. No.	46,946

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Kimberly Rosa	Date	May 9, 2005



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# Fee Transmittal For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 600)

## Complete if Known

Application Number	10/810,325
Filing Date	March 25, 2004
First Named Inventor	McGee, Lawrence R.
Examiner Name	D. Margaret M. Seaman
Art Unit	1625
Attorney Docket No.	018781-002730US

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038

## FEE CALCULATION

### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

### 2. EXCESS CLAIM FEES

#### Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Small Entity

Fee (\$) Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
46	-20 or HP = 12	x \$50	= \$600			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
3	-3 or HP = 0	x \$200	= \$0			

HP = highest number of independent claims paid for, if greater than 3

### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 = (round up to a whole number)	x	=

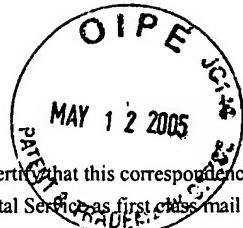
### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 46,946	Telephone 925-472-5000
Name (Print/Type)	Frank J. Mycroft		Date May 9, 2005



I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

On MAY 9, 2005

TOWNSEND and TOWNSEND and CREW LLP

By: Kimberly Rosa  
Kimberly Rosa

**PATENT**

Attorney Docket No.: 018781-002730US  
Client Ref. No.: T99-008-3/US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Lawrence R. McGee, et al.

Application No.: 10/810,325

Filed: March 25, 2004

For: COMPOUNDS FOR THE  
MODULATION OF PPAR $\gamma$  ACTIVITY

Customer No.: 20350

Confirmation No. 7972

Examiner: Seaman, D. Margaret

Technology Center/Art Unit : 1625

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed April 8, 2005 in the above-referenced application, please enter the following Amendments and Remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 12 of this paper.

05/13/2005 RMEBRAHT 00000024 201430 10810325

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